3 GAL 264

THE DOCTORS WEEKLY

AN INDEPENDENT PROGRESS JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

VOL. II—No. 16. NEW YORK, OCTOBER 15, 1892. TERMS $2.00 A YEAR.

7 Reasons why Papoid is superior to Pepsin

1 Digestive Power.

"In other words, Papoid possesses the combined powers of Salivary, Gastric, and Pancreatic terments." (KILMER.—Paper read before New Jersey Pharmaceutical Association.)

2 Acts Throughout Entire Alimentary Canal.

"An additional advantage of Papoid (in diphtheria) is that it helps Nature to digest whatever food there may be in the alimentary canal." (LOVE, Prof. Clin. Med. and Dis. of Children, Marion Sims Coll. Med. St. Louis.)

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4 Acts in Acid, Alkaline, or Neutral Media.

"But much more convenient than this will be found the dusting of a minute portion of Papoid beneath the protective strips. This succeeds well, because Papoid acts best in a concentrated medium of any reaction whatever, pepsin only in a dilute acid solution." (MORTON, on Leg Ulcers, read before Phila. County Med. Society.)

5 Acts on all kinds of Food. Can be Combined with Antiseptics.

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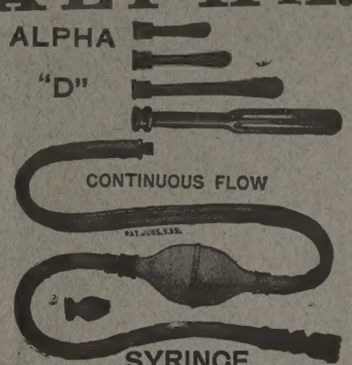

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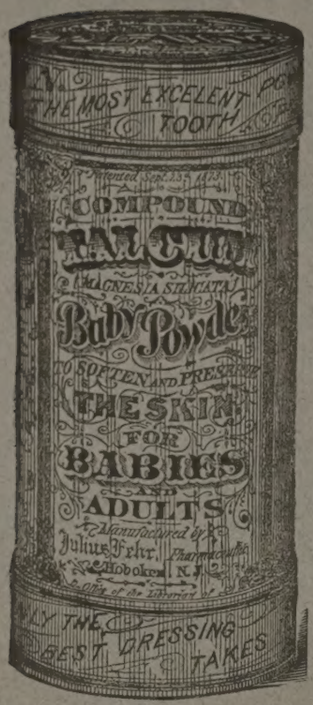

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See Outside Front Cover.

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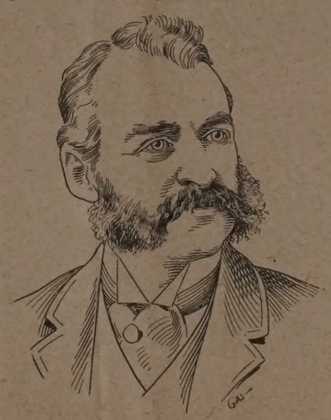

DR. L. BOLTON BANGS.

DR. L. BOLTON BANGS, is one of the few men who are not without "honour in their own country," having been born and brought up [illegible] He was born on August 9th, 184[illegible] During his Freshman year he was obliged to leave college and earn a living for himself and the means to complete his education. He graduated from the College of Physicians and Surgeons in 1872, and after serving a term as Interne in Bellevue Hospital and spending a year abroad he commenced private practice in this city. For many years he was associated with Dr. Fessenden N. Otis, both in private and dispensary practice, in the treatment of genito-urinary and venereal diseases.

He is at present Surgeon to St. Luke's, Charity, and the Post-Graduate Hospitals, and Consulting Surgeon to the Methodist-Episcopal Hospital in Brooklyn. He is also Professor of Diseases of the genito-urinary organs and venereal diseases at the Post-Graduate School, and Treasurer of the Faculty, in which capacity he has done much towards forwarding and perfecting the plans of the new Post-Graduate building now in course of erection.

As a writer and teacher Dr. Bangs needs no introduction to the medical men in this country; his surgical clinics at the Post-Graduate School are largely attended and he is known as a cool and skilful operator. To the younger men in the profession he is always ready and willing to extend a helping hand.

Dr. Bangs is a Fellow of the Academy of Medicine, and a member of the County Medical Society, the State Medical Society, the Pathological Society, the Clinical Society and the Physicians Mutual Aid Association. He is also a member of the Century, University and Manhattan Athletic Clubs.

SIMON BARUCH, M.D.

DR. SIMON BARUCH, was born in Germany, 52 years ago. He received his degree of medicine from the Medical College of Virginia in 1862, and after practising for eighteen years in the South (three years being spent as Surgeon in General Lee's army) he came to New York City in 1881. He was for many years connected with a number of hospitals and dispensaries, in this city. It is largely through his efforts that the public baths were introduced in New York. More recently Dr. Baruch has labored to enlist the interest of the profession in the uses of water in modern medicine. He has introduced this remedy at the Montefiore Home for chronic invalids, which is the only regular hospital in the world possessing a complete apparatus for Hydrotherapy. Dr. Baruch regards water as one of our most potent remedies; he draws a distinct line between hydrotheraphy, which is the scientific application of water, and hydropathy, which is based on its empirical use. His recent book on Hydrotheraphy is the first original one on this subject in the English language. He has also contributed an article on the subject for Hare's System of Therapeutics. He is the Chief Editor of the *Dietetic and Hygienic Gazette*, and Associate Editor of the *Journal of Balneology*

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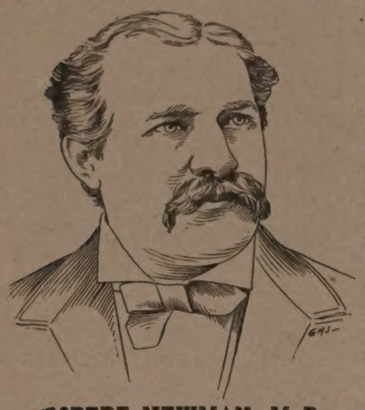
Dr. Baruch is a Fellow of the Academy of Medicine; member of the County Med. Society; N. W Med. and Surg. Society; and Physicians Mutual Aid Association. He is Physician to the Manhattan General Hospital and Consulting Physician to the Montefiore Home.



ROBERT NEWMAN, M. D.

Dr. Robert Newman was born in Germany, where he received a liberal education. As a very young man, almost a boy, he participated in the war for liberty, and in consequence was obliged to flee to America. He completed his medical education in New York, graduating at the Long Island College Hospital in 1863, and at Bellevue Hospital Medical College in 1864. During the Civil War he served as State Volunteer Surgeon. In 1863 he was appointed physician to the Northern Dispensary, and in 1864 he was appointed by Prof. Hutchinson Prosector and Chief of the Surgical Clinic at the L. I. College Hospital; he was also made gynecologist to the North-Eastern Dispensary and Sanitary Inspector to the Council of Hygiene and Public Health. When the Metropolitan Board of Health was organized in 1866, he was appointed a Sanitary Inspector.

Dr. Newman was one of the founders of the Medico-Legal Society, and its first Vice-President. He was also one of the fouuders of the Forensic Society; the N. W. Medical and Surgical Society, and the American Electro-Therapeutic Association. He is a member of the New York County Med. Association; the N. Y. State Med. Association; Society Med. Jurisprudence; N. Y. German Med. Society Society for the Relief of Widows an Orphans of Medical Men; Neurological Society; Electrological Society; also the American Medical Association and the Physicians' Mutual Aid Association. He is a Corresponding Member of the Boston Gynecological Society, an Honorary Member of the Ulster County Medical Society and the Danbury (Conn.) Medical Society. For fourteen years he has served as Surgeon to the North-Western Dispensary. He is also Consulting Surgeon to the Hackensack Hospital and the Bayonne Hospital, and Consulting Physician to the Home for Aged and Infirm at Yonkers. He has served as President and Vice-President of the Alumni Association of the L. I. College Hospital, and Secretary of the Alumni Association of Bellevue College. In 1891 he was elected an Honorary Member of the Cremation Society in Berlin.

While having a preference for surgery, Dr. Newman has made electrolysis his special study, and he is an acknowledged authority in that branch.

AUGUSTIN M. FERNANDEZ DE YBARRA, A. B., M.D.

Dr. Fernandez was born on the island of Cuba in 1857. He received his education in the celebrated academy "La Empresa," in his native city. When only fifteen years of age he had conferred on him the Degree of Bachelor of Arts. Five years later he entered the Cambridge (Mass.) High School, and afterwards spent a year at Harvard College. He left Harvard to come to New York to study medicine, and graduated at the University Medical College in 1881. Since the time of his graduation he has been connected with a number of Cuban and Spanish medical journals, and in 1883 he became the Editor of the "Repertorio Medico," a new Spanish medical journal published by William Wood & Co., which position he occupied until December, 1884, when that paper was discontinued. He served for four years as Visiting Physician to the Northern Dispensary.

Dr. Fernandez is a Corresponding Member of the Medico-Chirurgical Academy of Madrid; of the Argentine Medical Circle of Buenos Ayres, and the Society for Clinical Studies of Havana, Cuba. He is a Member of the County Medical Association and the Medico-Legal Society.

C. A. VON RAMDOHR, M.D.

Dr. C. A. Von Ramdohr, was born in the late Kingdom of Hannover, Germany, 37 years ago. He received a classical education at the Gymnasium of Goettingen. After graduating in medicine at the University of the City of N. Y., in 1877, he spent a year in London and Vienna, in the latter city paying special attention to obstetrics and gynecology.

Dr. Von Ramdohr was formerly Assistant to Prof. Patten, at the N. Y. University. He is one of the incorporators of the New York Post-Graduate School and Hospital, and Professor of Obstetrics at that institution. He is also Consulting Physician to the lying-in department. He is one of the incorporators of the German Polyclinic, and of St. Marks Hospital, and Director and President of its Medical Board.

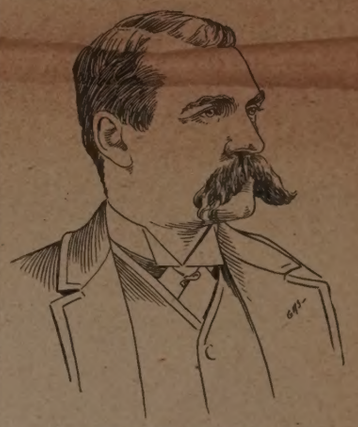
Dr. Von Ramdohr is a Fellow of the Academy of Medicine; Member of the County Medical Society; German Medical Society: Obstetrical Society; County Med. Ass'n.; Society Med. Jurisprudence; Society Relief Widows and Orphans Med. Men, and Phys. Mut. Aid Ass'n. He is Gynecologist to St. Marks Hospital and the German Polyclinic.

SAMUEL E. MILLIKEN, M.D.

Texas has probably a smaller representation in the New York medical profession than any other Southern state. Dr. Samuel E. Milliken was born near Fort Worth, Texas, in 1859. There he received his literary education, and studied medicine under Dr. R. M. Oates. He afterwards entered the Medical Department of the University of Louisville, Ky., graduating with honors in 1887. For two and one-half years after his graduation he served as Resident Physician or Surgeon at the St. Mary and Elizabeth Hospital, Louisville; the N. Y. City Insane Asylum, and the Hospital for Ruptured and Crippled. At the latter institution he was afterwards appointed Asst. Surgeon. Two years ago he was appointed Lecturer on Surgery at the N. Y. Polyclinic, a position he occupies at the present time.

Dr. Milliken has written rather extensively on general and orthopoedic surgery, but principally on hernia. He is the Editor of "La Revista Medico-Quirurgica," a monthly Spanish-American Journal.

Dr. Milliken is a member of the American Medical Association; the N. Y. State and County Medical Associations, and an Honorary Member of the Texas State Medical Association.



JOHN BLAKE WHITE, M.D.

Dr. John Blake White was born in Charleston, S. C., Oct. 9th, 1850. His father was Dr. Octavius A. White, of New York, and his maternal grandfather the eminent physician, Dr. John Bellinger, of Charleston. Dr. John Blake White received his early education at Phillips Academy, at Exeter. He entered Harvard in 1869, but voluntarily withdrew from there two years afterwards and began to study medicine at the N. Y. College of Physicians and Surgeons, under the tutelage of his father and the late Dr. Henry B. Sands. He graduated in 1874. After spending a term as Interne in the Brooklyn City Hospital he was appointed a Sanitary Inspector in the N. Y. Health Dept., and the following year was delegated Chief Inspector

of Milk, a position which he held until 1885, when the demands of his increasing practice rendered it necessary for him to tender his resignation. To the regular system of milk inspection instituted by Dr. White, and to the faithful discharge of his official duty, New York owes its pure milk supply to this day.

Dr. White invented a Urethrotome, designed for liberating strictures of very small calibre; an antiseptic hypodermic syringe, as well as a number of other well known instruments. He is a frequent contributor to the medical journals; of late he has written principally upon the subject of tuberculosis and its treatment. He is the originator of the hypodermic method of treating tuberculosis and scrofulosis with the combined salts of gold and manganese.

Dr. White is a Fellow of the Academy of Medicine; member of the County Medical Society; Manhattan Medical and Surgical Society; N. W. Medical and Surgical Society; Lenox Medical Society. Yorkville Medical Association. He is Visiting Physician to the City (Charity) Hospital, and Consulting Physician to the R. I. House of Refuge.

J. MOUNT BLEYER, M.D.

Dr. J. Mount Bleyer was born in Pilsen, Austria, on the 16th of March, 1859. He came to this country with his father in 1867, and received his early education in the New York public schools. When he was still very young, circumstances compelled him to assist in the support of his father's family. and he obtained a position in the law office of Governor Tillotson and Richard E. Mount. The latter gentleman at once took a great interest in the young man, procured for him a private tutor. and afterwards sent him to Europe to complete his education. After his return to New York he entered Bellevue Hospital Medical College, graduating in 1883. Upon receiving his degree he again went to Europe for a year, studying at Vienna, Berlin and Paris.

As a specialist in diseases of the nose and throat, Dr. Bleyer is well known in this city. He was connected with the Eastern Dispensary for five years, and also served as Visiting Physician to the Home for Old and Infirm at Yonkers. Dr. Bleyer is the editor of the *Journal of the Respiratory Organs* and associate editor of the *Electrical Review*. Many of his medical contributions stamp him as an original investigator and writer. He has introduced the phonograph and Micro-Graphophone into medical science, and made many valuable experiments with them. He was the original advocate of electrocution, and published his essay on that subject in the Humboldt Library, in 1887. He is now engaged in completing his work on the Diseases of the Throat and Nose in Children, which is shortly to be published by William Wood & Co.

In spite of Dr. Bleyer's numerous medical duties he has found time for other literary work. Under the *nom de plume* of Manley Tempest he has written a number of magazine articles, plays and essays. Among his late literary ventures he had the honor [illegible] one of the New York *Herald's* prizes for the best one act play; "The American M.D." which was produced at the Madison Square Theatre in this city last May.

THE NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, Held Thursday Evening, Oct. 6th, 1892.

(Reported expressly for The Doctors Weekly.)

Otitic Brain Disease; its varieties, diagnosis and treatment, with illustrative cases from the writer's practice. Dr. Herman Knapp, 25 West 24th Street, read a paper with this title. He stated that the extension of an inflammatory process from the ear to the brain is a condition that has long been appreciated by the medical profession, but only lately has it been systematically studied. It received its chief impulse from the progressive development of operative methods, and while the surgeon occupies an important position in connection with this subject, it is secondary to that of the general practitioner, into whose hands these cases first come, and who, by timely diagnosis and judicious management may prevent brain abcesses and sinuses from developing.

The differential diagnosis between meningeal irritation and brain abcess due to middle ear disease is sometimes extremely difficult. The chief symptoms of meningeal irritation are persistent headache, occasionally nausea and vomiting, dizziness, with moderate temperature and acceleration of pulse; the latter symptoms seem to depend more on the otitis itself than on the meningeal involvement. Loss of appetite and constipation may also be present, but they are not characteristic. In the immediate vicinity of the ear, percussion of the skull may or may not be painful. Dr. Knapp then gave the history of a number of interesting cases of otitic brain disease occurring in his own practice.

Dr. Landon Carter Gray, 6 East 49th Street, said that in listening to the narration of Dr. Knapp's cases, he became more thoroughly convinced than ever of the fact that early operation is important where we have any symptoms of brain trouble following ear disease. He thought Dr. Knapp took rather a pessimistic view of the difficulties of cerebral diagnosis. While it is true that it is often very difficult to make the differential diagnosis between a simple meningeal irritation and meningeal inflammation, still, in many cases, by close observation, it can be done. In the first place, if there is ear trouble and the facial nerve has become affected, it need not be mistaken for an inflammation that has extended to the base of the brain and involved the facial nerve at its origin. If the inflammation has extended to the base of the brain and the facial nerve is implicated there, then the chorda tympani will be involved and there will be some derangement of the sense and taste. The form of vertigo accompanying the inflammation may also assist us in the differential diagnosis, if some recent observations of a French writer are confirmed. He states that there are in the ear what he calls an auditory labyrinth and the tonus· An affection of the auditory labyrinth simply causes impairment of hearing, with a certain amount of vertigo, while an implication of the tonus causes an inco-ordination of the muscles of the eye and neck in some animals, and of the muscles of the opposite side in the lower extremity. The latter vertigo is entirely distinct from the vertigo which you get from an implication of the auditory nerve at the Pons Varolii. If there is an extension of the inflammation into the brain, other symptoms will become apparent. In cases where there is doubt, no harm can be done by operating. During the past two years Dr. Gray said he has had a good deal to do with cerebral operations, and he has become more and more astonished at the impunity with which brain surgery can be carried on under antiseptic precautions. It is impossible to say, as yet, how much manipulation the brain will stand and recover from. In any case, therefore, where the symptoms are in doubt, the first thing to do is to operate on the mastoid cells, going deeper into the ear, if necessary, and even laying bare the temporal lobe, and then, if nothing is found, to probe with an exploratory needle. Of course, there may be a thrombosis in one of the sinuses, but no doubt statistics will show that such thromboses are comparatively rare, and after all we practise medicine chiefly on chances.

Dr. B. Sachs, 112 East 61st Street, did not agree with Dr Gray that the symptoms of otitic brain disease are usually very distinct: in many cases it is impossible to say whether the symptoms are due to ear or cerebral trouble, and the mere involvement of the facial nerve is often of no importance. Furthermore, the involvement of this nerve in aural disease is comparatively rare, even in those cases that later on lead to meningeal irritation and brain abcess. The diagnosis is made more difficult because the ear seems to have a wonderful tolerance, at least in some individuals; it often presents symptoms that none but an aurist will detect. Cerebellar trouble may very closely simulate ear disease. Dr. Sachs referred to the fact mentioned by Dr. Knapp that meningeal irritation has been known to follow operations on the nose. He stated that two such cases have also come under his observation. He thought it well to bear this fact in mind, inasmuch as nasal operations have of late been undertaken more frequently than they should be, and for diseases in which the relation of the nasal disease to the disease itself is rather uncertain.

Dr. Emil Gruening, 109 East 23d Street said that this was a subject which concerned the general practitioner very much. It is only when cases of otitis media are badly treated or neglected by the general practitioner that the specialist hears of them. When there is discharge from the ear, the specialist will enlarge the opening, if necessary, while the practitioner, as a rule, will try to stop the discharge by using boric acid or similar drugs Peroxide of hydrogen is also used very largely, and this Dr. Gruening said he con-

siders even more dangerous than boric acid; it thickens the pus, making it cheesy, so that it cannot come out through the small opening in the tympanum. A thrombosis of one of the sinuses, Dr. Gruening said, is by no means a rare occurrence in otitic brain trouble. Operative procedures should be undertaken early and should be thorough.

Dr. M. Allen Starr, 22 West 48th Street, spoke of the difficulty of diagnosis in otitic brain disease. He said we can tell something about disease of the brain when it affects the motor, the sensory or the visual zones. Otitic brain abcesses are usually located in the two temporal lobes or in the cerebellar region, and it is often impossible to make a diagnosis.

The discussion was continued by Dr. Dench, and then closed by Dr. Knapp.

The following candidates for membership were recommended for election by the Committee on admissions:

Wm. S. Cheesman, M.D., Auburn, N. Y.; John F. Erdmann, M. D., 141 West 34th St; Simon Marx, M.D., 1111 Lexington Ave.; S. J. Meltzer, M.D., 179 East 109th St.; Robt. A. Sands, M.D., 39 East 33d St.

As *Non-Resident Fellows:*

A. L. Gihon, M.D., U. S. Navy; Carl E. Munger, M.D., Waterbury, Conn; George R. Shepherd, M.D., Hartford, Conn.

Applicant for *Non-Resident Fellowship* whose name is announced as before the Committee on Admissions:

Chas. A. Siegfried, M. D., U. S. Navy.

NEW YORK NEUROLOGICAL SOCIETY.

TUESDAY EVENING, OCT. 4, 1892.
(*Reported Expressly for the Doctors' Weekly.*)

Dr. J. F. Terriberry, 103 West 73d srreet, presented a case for diagnosis. The patient was a man abous 38 years old; family history unimportant. Seventeen years ago he had an attack of intermittent malarial fever, lasting about three months. Otherwise he has been perfectly healthy. Until three years ago he was in the habit of taking a drink of whiskey before breakfast daily. Has always used tobacco liberally; denies venereal trouble; he has never been injured. His present trouble began about one year ago, when he noticed a weakness in the right hand. No central disturbance. This weakness grew more pronounced, and advanced to the wrist and up the arm. The fingers finally became permanently fixed, and he was unable to open the hand. There is at present a more or less spastic condition of the right arm, with flexion at the elbow, wrist and fingers. There is an intentional tremor; no decided ataxia. There is marked exaggeration of the jerks at the wrist and elbow; both knee jerks are abnormally active. The pupils of the eye are natural in size; the ocular muscles are intact. His speech is slow, but the words are perfectly formed, and he states that he thinks the character of his speech is unaltered. There is a normal reaction to the galvanic and faradic currents in the muscles of the arm.

Dr. M. Allen Starr, 22 West 48th street. said the case was probably one of multiple sclerosis.

Dr. Frederic Peterson, 201 West 54th street, said he saw the patient several months ago, when he considered the case one of paralysis agitans. There now appeared to be a change in the man's speech and other additional symptoms which rather pointed to a multiple sclerosis.

Dr. B. Sachs, 112 East 61st street, stated that it was often a matter of extreme difficulty to make the differential diagnosis between paralysis agitans and multiple sclerosis during the earlier stages. In this patient the probabilities seemed to be in favor of a multiple sclerosis.

A Case of Progressive Muscular Atrophy of the Perineal Type. Dr. Graeme M. Hammond, 58 West 45th street, read a paper with this title. History. Mrs. A. W., aged 46, a native of Ireland. Father died of old age; mother of cancer of the breast at age 66. Three sisters living and well; one sister died of consumption. In the spring of 1889 the patient began to complain of a shooting pain in the right foot. No history of gout, rheumatism or syphilis. She also complained of a heaviness of the right foot in walking. No rectal or bladder symptoms. The tendon reflex at knee present. There was a loss of power in the group of muscles supplied by the anterior tibial nerve. In March, 1890, the patient's right leg gave way and she fell. Dr. Starr saw the patient about this time. Dr. Hammond said that when the patient first came under his observation there was complete paralysis of the muscles of the right leg. In the thigh the extensors were almost completely paralyzed. All of the muscles of the leg and thigh were atrophied. The muscles of the left leg had also become affected, beginning with shooting pains, such as she had felt in the right leg. The knee-jerk disappeared entirely in the right leg; in the left leg it was very weak. Fibrillary twitchings were frequently observed in the muscles of both legs. The atrophy of the muscles progressed steadily, and they gradually lost their electrical excitability. The muscles of the arms also became affected. About a month before her death the muscles of the abdomen, particularly those on the right side, became weak, and the woman could not make an expulsive effort at stool. There was also weakness of the intercostal muscles, and a week before her death she had an attack of shortness of breath with cardiac palpitation; this was followed by two more attacks, the last proving fatal. Dr. Hammond said he performed an autopsy on the patient ten hours after her death. He detailed the pathological changes found in the cord and presented some specimens of sections stained for microscopical examination.

Dr. Sachs said it was difficult for him to judge of the exact nature of the case without making a microscopical examination of the specimens. The clinical history of the case, in his opinion, was not in accord with that of progressive muscular atrophy. Among the chief symptoms of the latter disease are that it is distinctly hereditary, that it usually comes on before the age of twenty—even before the age of ten or twelve—and furthermore, that it progresses very slowly. The progress of this case, even granting that it is an exceptional one, was remarkably rapid, death occurring between two and three years after its onset.

This is a very brief period for any form of muscular atrophy, and especially for this progressive form. Dr. Sachs said that the case appeared to him to be one of chronic anterior polio-myelitis, and is somewhat parallel to the case published by Oppenheim, of Berlin, in which that gentleman proved that there is such a disease as chronic anterior polio-myelitis.

Dr. Starr said that when he first saw the patient referred to by Dr. Hammond, he considered it one of traumatic neuritis of the perineal nerve. She gave the history of having met with a slight accident; there was an entire absence of spinal symptoms Three months later it was evident that he had to deal with an ascending atrophic paralysis, and he then made the diagnosis of chronic anterior polio myelitis He has seen three cases where the paralysis began in one leg, then the other leg, then ascending to the arms, and two of these have thus far resulted fatally. The third case is still alive, but he has recently heard that she is failing rapidly.

Dr. Hamilton said that the pathological appearance of the lesion in this case was entirely different from that found in anterior poliomyelitis. In the latter disease we have an inflammation, resulting in a destruction not only of the cells, but of the anterior horns themselves. In this case there was not an inflammation, but a degeneration.

Dr. Frederic Peterson read a short paper, giving the history of three cases of acute mania resulting from inhaling the fumes of bisulphide of carbon. The patients were all employed in the same factory, and were engaged in the manufacture of rubber shields for ladies' dresses. The effects of the poison are somewhat similar to those caused by alcohol. There is giddiness, tinnitus, fornication, severe headache, increased appetite, muscular tremor, terrible dreams and numerous hysterical symptoms. All three cases recovered after being confined in an asylum for over a year.

A Discussion of the Curative Effect of Nerve Section in Trigeminal Neuralgia. This discussion was opened by Dr. Sachs. He said that mere section of the nerve is not sufficient, for we know that the cut ends of a nerve have a tendency to reunite. He believes in nerve excision, combined with nerve evulsion. Some authorities claim that at least five inches of the nerve should be removed. It is important to remove the nerve trunk, with all its ramifications, and not the nerve filiments merely. Horsley, in England, reports relief in eleven cases out of nineteen following operation, and complete cure in seven of them. He reports a single death due to shock following an intra-dural operation. Operation in severe cases of trigeminal neuralgia should be advised early and should be thorough. Dr. Sachs then gave the history of three cases in his own practice.

Dr. Hammond said he agreed with Dr. Sachs in the main in advocating operative procedures in cases where the neuralgia was localized; that is, where it is referable to one particular branch of the nerve. But there are cases where the neuralgia is spread over the three branches, and there the prognosis of an operation is not so good, because in many of those cases the cause is central.

Dr. Mary Putnam Jacobi, 110 West 34th street, referred to one case of trigeminal neuralgia in which two operations were performed without relief; at the third

operation the Gaserian ganglion was excised and permanent relief afforded.

Dr. Starr gave the history of seven cases of trigeminal neuralgia coming under his observation in which operative treatment had been employed. In the first case mentioned the man was entirely cured for a period of two years; another operation was then performed, and the pain returned two weeks afterwards. He will not consent to a third operation The second case was one of infra and supra-orbital neuralgia, which was completely cured by operation. The third case was a unique one, on account of the operation employed by Dr. Frank Hartley for its relief. Realizing the extreme difficulty of getting at the exit of the nerve through the upper part of the face, he resorted to the following radical operation: a section of the skull was made, and through this the brain, together with the dura elevated; the Gaserian ganglion was not exsected, but all three branches of the nerve were cut off just at their exit from the ganglion. The man has never had any recurrence of the pain. There has developed, however, a decided atrophy of the face on that side. Dr. Starr then gave the history of four other cases. He said he did not consider the operation a success unless the pain had not re-appeared within eighteen months after; if the pain re-appeared within a year the operation must be considered a failure.

Dr. Sachs said he agreed with Dr. Hammond that certain forms of neuralgia are unsuited for operative treatment. Here the value of differential diagnosis comes in. Where more than one branch of the nerve was affected, he did not see why both should not be operated on. The mistake hitherto made has been that too little of the nerve tissue was removed. Even if the re'ief afforded is only for a single year it is worth while having the operation done.

SOCIETY MEETINGS.

THE CIRCLE OF WILLIS.

The Circle of Willis, the first social organization of the united professions of human and veterinary medicine, dentistry and pharmacy, held their opening reception evening on October 6th, at their new club house, at which there was a large attendance, including a sprinkling of the laity. The opening address of welcome was made by Dr. Frank A. McGuire, the presiding officer, and known as the Grand Chief Demonstrator, touched upon the emancipation of the Doctor socially, his relations to the laity, &c ,with patriotic allusions to the Columbian celebrations. He was followed by Dr. Wm. B.Wallace, Dr. Chas. Milne and Dr. Julius A. Roth, veterinary medicine by Dr. Ed. Sanden, V. S.; dentistry by Wm. Deane, D. D. S.; pharmacy by Thos. E. Fraser, Ph.D., and Mr. Schyer, Ph.D., and the laity by Counsellor Mayer,with recitations and singing by Mr. Ed. Stanley, of the De Wolf Hopper Opera Co., and others, An interesting feature of the occasion was the presentation of the anatomical circle of Willis by Dr. Irwing Haynes, Demonstrator of Anatomy in the University Medical College, which was framed and occupied a prominent place on the walls, with also an original copy of the anatomy of Dr. Willis over two hundred years old, presented by Dr. N. E. Brill, president of the Society of Medical Jurisprudence and State Medicine. A collation was afterwards served, and it was the "wee sma' hours" before the company departed, marking the second successful reception of the Circle of Willis and a new era in breaking up the social environment of the professions. Letters of regret were received from Dr. Geo. F. Shrady, F. A. Thomas, and others. The following were present: Dr. J. B. Cypert, W. A. Hawes, C J. MacGuire, Marx, Pisko, Gray, Meierhoff, Tynberg, Haubold, Gorman, Strauss, Schiff, McKew, Gillespie, Hallwood, Cowen, Herman Gleisis, Disbrow, Booth, Leppa, Bohmfalk,Keune,Meier, Shavretts, O'Connell, Rosenstein, Rickmeyer, Roth, Shea, Goldstein, Freeman, Kolb, Allen, Weinholtz, Murphy, Clark, Harrigan, Braun, H. F. Deane, in pharmacy, Laber, Hohenthal, Stolzenburg, Drancourt, Hubuchek, H. Bohmfalk, Kirchies, and many others. MEDICUS.

ANEURISMS AND HEMORRHOIDS TREATED BY HYPODERMIC INJECTION OF CLOTTED BLOOD.

C. K. TURNER, M.D., Morristown, Tenn.

In a paper read before the East Tenn. Medical Society I advocated a new method for treating aneurisms by the hypodermic injection of blood clot. Believing that this idea presents features of value to the profession at large, I circulate it more widely for general use. The novelty of the plan hinges on the fact, which I have practically demonstrated, that the clot of blood may be readily forced through a small needle, and with but little more force than is used in giving the common hypodermic injections. Ever since the introduction of the electric treatment of aneurisms one or more needles have been commonly passed into these tumors, so there is nothing impractical in the manual work. My plan is as follows:

1st. Draw blood from the patient's arm, or, admissably, from a beast or bird.

2d. Allow this blood to clot.

3d. Strain off the serum, preferably through an aseptic silk cloth.

4th. Inject the clot by a hypodermic needle, preferably at the distal side of the aneurism.

The syringe should hold enough clot to fill the aneurism at one injection. I would suggest a glass syringe, with metal fixings, so that the needle may be screwed on. I believe it will be better to have the piston wrapped with cotton, that can be replaced each time it is used.

The use of cocaine, to deaden sensation in the tumor, by painting over the skin, is advisable, as is the use of such aseptic means as are now commonly used in other operations.

One great advantage claimed over all other methods arises from the fact that clot will organize, while any other material is *always* a foreign body, even should it be silk or catgut, which the body at best tolerates.

These semi-solid injections may be used in place of carbolic acid, or astringents, or ligation, for the [illegible] we have heretofore injected makes a clot in the tumor, this system introduces the clot ready made, and from without. The same treatment may, though with some risk of embolism, be used on varicose veins, however a more promising application will be when injected into the mouth of bleeding vessels, to stop hemorrhage, or, better still, by puncture and injection of the artery on the cardiac side of the cut. I submit the system to surgeons generally, and hope they will put it to use.

CIRRHOSIS OF THE LIVER IN CHILDREN.

The following interesting case came under our observation in St. Bartholomew's Hospital in London last year. It was a little girl of eleven years who died of well-marked cirrhosis of the liver. She had been ill for about three years. Her chief symptoms were loss of appetite and emaciation. Her father and mother were poor London people, and much addicted to drink. At an early age the girl also cultivated a taste for beer and spirits, and had for several years drank all she could get. She was often sent to the "Pubs"—saloons—for "a pen 'orth" of ale, and would invariably drink some of it on her way home. The history seemed clearly to indicate that she developed cirrhosis from drinking beer and spirits. The diagnosis was verified by the post-mortem. —*Pacific Med Jour*

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Every fluid drachm contains fifteen grains EACH of Pure Chroral Hydrat. and purified Brom. Pot. and one-eight grain EACH of gen. im. ext. Canna bis Ind. and Hyoscyam.

Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirum of fevers it is absolutely invaluable.

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Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendendy to cause Nausea, Vomiting, Constipation, etc.

Indications.—

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Dose.—

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Formula.—

Iodia is a Combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

Dose.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortions and General Uterine Debility.

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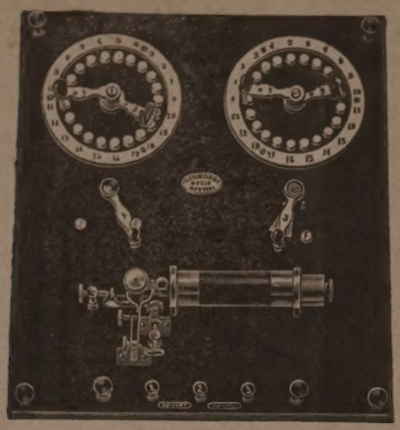

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OBITUARY.

Died on October 9, Adele Moser, only daughter of G. J. Moser, M.D.

The death of Dr. Praraz, of Lyons, the inventor of the hypodermic syringe, is announced.

Died on Sunday, October 9, Edward Delafield Allin, only child of Annie E. and the late Dr. Charles M. Allin.

Died at his home, No. 322 Central avenue, Jersey City, on October 6, 1892, Francis G. Hornblower, son of Dr. Josiah and Ninetta Hornblower, in the 19th year of his age.

Dr. William Henderson, Professor of Clinical Medicine at the Royal Medical College at Kingston, Ont., died, August 14th, from Bright's disease and dropsy of the lung.

MARRIAGES.

Recently, Elizabeth Neely Bradley, M.D, of 45 East 59th street, to Mr. Ernst Bystrom, both of New York City.

On Thursday, October 6, at the residence of the bride, by the Rev. Dr. Henry Mottet, Gertrude Walker to Dr. Robert Winning Glassford, both of this city.

Miss Mary Clare Billings, daughter of Dr. John S. Billings, United States Army, and Dr. William Wallis Ord, of London, were married on the 5th inst. in St. John's Church at Georgetown, D. C.

Married on Thursday evening, October 6, at the Church of St. John the Evangelist, this city, by the Rev. Dr. B. F. De Costa, Emma C., only daughter of Frederick Meyer of New York City, to Dr. Henry Sibley Colding, of Savannah, Ga.

ENGAGED.

The engagement of Miss Sara Foise to Dr. Samuel Goldstein, both of this city, is announced.

PERSONALS.

Dr. Tobin of Halifax, has returned from a visit to England.

Dr. Dillon Brown has removed to 40 East 57th street, New York City.

Dr. D. B. St. John Roosa, made an address at the Students' Club last Saturday evening.

Dr. Canfield has resigned his position in the University of Maryland Dispensary.

Dr. Ch. Talamon, editor-in-chief of La Médecine Moderne, has been made Chevalier of the Legion of Honor.

Dr. E. E. Jones, of Arlington, Md., has been appointed secretary to the local Board of Health of Baltimore County.

Dr. Murray, recently of Newfoundland, and Dr. Payzant, late of Burlington, have commenced practice in Halifax.

Dr. William von Reichard not long since celebrated his fiftieth year as a practising physician. He is the oldest practitioner in Riga, and is 82 years of age.

Dr. Rollin L. Banta, of Buffalo, has been appointed Professor of Materia Medica and Therapeutics in the Medical Department of Niagara University, vice Dr. A. E. Persons resigned.

Dr. Mary E. Bradford, the American medical missionary at Tabreez, Persia, has won golden opinions by her heroic conduct during the cholera epidemic in that country.

Dr. Hingston's (Montreal) address on "Surgery" at the recent meeting of the British Medical Association has been very favorably mentioned in both British and American journals.

Mr. Nicholas Grattan, of Cork, Ireland, opened Dr. Lewis A. Sayre's clinic at the Bellevue Hospital Medical College on Wednesday, September 28th, with a clinical lecture on osteoclasis, and demonstrated the use of his osteociast.

THE GYNECOLOGISTS are seeking new worlds to conquer. In a paper read at the Fifth Annual Meeting of the American Association of Obstetricians and Gynecologists at St. Louis recently, the author suggested that "a fruitful field for gynecological work" existed among insane women.

We have printed photographs of Sayre, Fox, McBurney, Roosa, Rockwell, Manley, McGilicudy, Thomas, Wyeth, Mundé, O'Dwyer, Goelelt, Keyes, Morrow, Claiborne and Harrison. In addition to those printed elsewhere in this issue. Other photos will appear next week Extra copies of the WEEKLY containing instalments of photographs will be mailed to any address upon receipt of 25 cents per copy. Yearly subscribers will receive the complete gallery without extra cost.—*Editor*.

CHANGES OF ADDRESS:—Dr. J. B. Bogart, to No. 423 Washington avenue, Brooklyn; Dr. Dillon Brown, to No. 40 East Fifty-seventh street, N.Y.; Dr. James T. Eskridge, to the Equitable Building, (rooms 202, 203, and 204), Seventeenth and Stout streets, Denver, Colorado; Dr. Maurice J. Lewi, to No. 100 East Fifty-eighth street, N. Y.; Dr. E. L'H. McGinnis, to No. 60 West Fifty-[illegible] N.Y.

A PHYSICIAN in Bay City, Mich., recently published an article in the *Medical Age*, in which he stated that in his opinion, bicycle riding is a sport which should not be indulged in by ladies—that it is not only immodest, but also has an injurious effect on the female pelvic organs. A physician in La Fayette, Ind. has replied to this article, and says that he does not agree with the views expressed in it. He does not believe that a twenty or thirty miles ride on a good road and with a good wheel has ever injured any woman, nor does he believe that the Bay City physician ever examined enough lady bicyclists vaginally to warrant his opinion.

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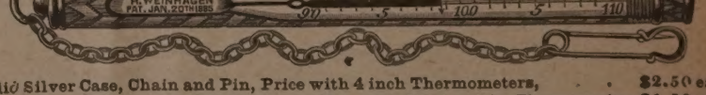

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Very respectfully,
BALTIMORE, MD., 5, November 1887. ORRAY T. SHERMAN

The Doctors Weekly

IS PUBLISHED
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THE TREATMENT OF SKIN DISEASES. At the meeting of the American Dermatological Association, recently held in New London, Conn., Dr. Condict W. Cutler, of this City, read a very interesting paper on the treatment of certain skin diseases by the use of an irritant application composed of iodine, carbolic acid and chloral, in equal parts. He stated that perhaps in no branch of medicine has greater advancement been made than in dermatology, so far as the pathology and diagnosis are concerned, but that in the treatment of skin diseases, especially in the chronic forms, very little improvement is found. The trouble is that we are too apt to use bland and soothing applications, and the remark once made by a distinguished dermatologist that the "basis of all treatment of skin diseases is grease" still is true.

A slight, stinging pain is first produced, which is soon followed by a decided numbness of the skin over which the solution is painted. This solution possesses strong antiseptic, antiparasitic, antipruritic, antiphlogistic, analgistic, anæsthesic and absorption properties. It penetrates deeply into the tissues of the skin not only hastening the absorption of inflammatory products but being itself readily absorbed.

The chief therapeutical advantages of the mixture are due to its penetrating action into the tissues, its rapid destructiun of all forms of micro-organisms, and its wonderful power in hastening the absorption of inflammotory products. He considers it especially serviceable in parasitic skin affections and in all forms of chronic skin diseases characterized by thickening and induration of the skin, accompanied by scaling and itching.

EDITORIAL ITEMS.

QUINQUAUD has confirmed Unna's statement as to the presence of a special microbe in soft chancre. It is a bacillus with rounded ends, and is generally arranged in chains. It is present in prodigious numbers in the lymphatics and intercellular spaces.

WE HAVE RECENTLY had an experience with a remedy, which we think certainly merits a permanent place in our *materia medica*. We refer to Glycozone, and while our experience has been somewhat limited we feel justified in calling special attention to it here. The writer has, from time to time, suffered from attacks of acute gastritis which incapacitated him for work of any kind. Such attacks usually extended over a period of about ten days. On the third day of a recent attack he began taking Glycozone, and very much to his surprise, relief from pain was almost instantaneous and all symptoms of the trouble had disappeared within twenty-four hours—or, at the end of the fourth day from the beginning of the attack. But as "one swallow doesn't make a summer" we refrain from writing any more on the subject at present, but hope that some of our readers may give this new agent a trial in stomach troubles, and report their experience through our columns.

DEPURATIVE AGENTS.

Great attention is now being given by the medical profession to the study of antiseptics, both for internal and external use

The rapid march of surgery during the last decade is largely due to the knowledge acquired by the exhaustive study of these agents as applied to the practice of this branch of medical practice.

The application of antiseptic treatment for internal medication, however, presents mor[illegible] ances known and used as antiseptics are toxic and dangerous when used internally in sufficient quantity and for a sufficient time to accomplish the desired object.

It is doubtless a fact that many of the ailments with which humanity is afflicted, are produced by the absorption of products of katabolic change, poisoning living secretions and tissues, depraving the functions of vital organs, and impeding or aborting those necessary changes depended upon to build up healthy tissues. Other causes are also at work to an extent not well known, viz. the direct introduction of diseases of specific character, through micro-organisms, and the absorption of the products of their decay.

Hence, one of the most important subjects that can occupy the attention of the profession is the investigation of the character, cause, and remedy for these conditions.

In a previous paper, the writer has endeavored to show, that one very important source of morbid change is deficient oxidation of the blood and consequently of the tissues, from the lack of the element upon which oxidation depends, viz. oxidizable phosphorus [Writer's ninth Edition, "Intra-Organic Oxidation a necessity to the Tissues," Jan. 892.

The line of treatment indicated for this depraved state of the system may be devided into two, or possibly three, parts:

First,—The rebuilding of the tissues by supplying the necessary but deficient element [oxidizable phosphorus,] by the use of the particular hypophosphite, best suited to the patient's condition, ascertained by a careful study of the conflicting and antagonizing effects of the different bases, [lime, soda, iron, potassium, maganese, etc.]

Second.—The immediate relief of the over-burdened organism by opening all the channels of excretion, that the body may be speedily relieved from septic and poisonous products to the extent possible by these means, and

Third,—The use of such antiseptics and germicides as will most thoroughly and with the least shock to the system, effectually neturalize or destroy the septic cause.

It is upon the last subject that the writer wishes particularly to speak in this connection.

Iodine has long been known as an effectual antiseptic, no micro-organisms can find lodgement, or exist in its presence, fermentive action never occurs in its preparations, aqueous solutions of iodine keep indefinately, syrups containing it never ferment; But these cannot be used internally in sufficient quantity to produce complete, or even partial depurative and germicidal effects, owing to the irritant and caustic action of free iodine.

But in the combination, iodide of hydrogen, [hydriodic acid] while the iodine retains all its antiseptic and germicidal qualities, it has entirely lost its irritant and caustic properties, and is easily, even pleasantly, borne by infants and delicate females, and by its use the system may be saturated up the point of iodism, with no inconvenience to the patient.

Its promptness of action and assimilation is so great, that iodine may be detected in the urine in ten minutes after its administration upon an empty stomach. Passing at once into the circulation, it is carried to all parts of the body, and exercises its powerful influence as a depurative and germicide.

It is probable that the value of Syrup of Hydriodic acid, for the particular indications herein suggested, is not sufficiently appreciated by physicians, and their attention is earnestly called to this new view of its usefulness.

As an illustration of the antiseptic power of Syrup of Hydriodic Acid, Dr. W. H. Bentley, Woodstock, Ky., cites "Thirty-one cases of small-pox, treated in the suppurative and subsequent stages up to complete desquamation, with the happiest result in all cases with Syrup Hydriodic Acid. None of the cases lingered or made tardy recoveries. All got well." *Med. Summary*, Jnne, 1891. I have also the history of a case in which a terribly septic state, brought about by failure on the part of a midwife to deliver the second child in a case of twins, and the final extraction of the fœtus in a decomposed condition, was given no other internal antiseptic treatment than Syrup Hydriodic Acid and made a good recovery.

For these reasons I have been led to the belief that cases of scarlet fever diphtheria, typhoid fever, and many other conditions of a similar character, would progrsss with much more rapidity, and much less suffering to the patient, if this remedy was included in the treatment.

The writer is of the opinion, however, that Syrup of Hydriodic Acid should be given by itself and not in combination, and also when the stomach is empty, that it may be absorbed without the change caused by contact with food products. This is a frequent cause of failure in its use,

That it will prove of vast benefit in combating septic infection from whatever cause I am convinced.

Any literature desired by the medical profession bearing upon the use of the writer's products will be cheerfully mailed, free of charge, by addressing the undersigned.

He cannot close this communication without cautioning the profession to specify Gardner's in prescribing, as otherwise some of the many articles sold nnder the same name may be substituted and the writer held responsible for their effects, which is a manifest injustice not only to the writer, but to the physicians and patient as well.

It is assuredly not only the right, but the duty of the physician, to insist that the patient shall procure no other than the particular remedy he has prescribed, as otherwise he cannot be held responsible for the proper treatment of the case, his views not having been carried out, and a fraud perpetrated against the prescriber and patient alike. Druggists who substitute other preparations, selected in preference because of their lower price, for the particular article specified by the physician, are unworthy of patronage, either by the physician or patient, and the prescriber is justified in forbiding his patients to patronize them.

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NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents foruric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolvedin water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

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ECTOPIC GESTATION.

BY AUGUSTIN H. GOELET, M.D.
NEW YORK.

A treatise upon the treatment of ectopic gestation would be incomplete and, in a measure, useless unless preceded by a description of the distinctive features by which it may be recognized. The development and comparatively rapid growth of a tumor occupying a position alongside the uterus, with a history of missed menstruation and other signs of pregnancy, associated with colicky pains in the abdomen and discharge of decidual membrane would be presumptive evidence of extra-uterine pregnancy, to corroborate which the absence of an ovum in the uterine cavity should be determined. Winckel lays stress upon the fact that the uncertain signs of pregnancy, as nausea, vomiting and faintness, appear in an aggravated degree from the start, which should always lead to a suspicion of an abnormal condition and suggest an examination, more especially if there is rectal and vesical tenesmus with colic. According to Smolsky's observations of tubal pregnancy, "The tube in the first two months is the size of a pigeon's egg; at the end of the second month, of an English walnut; at two and a half months, of a hen's egg; at three months, it reaches the size of the fist; at four months, the size of two fists. Variations may result from hydramnion hæmato-salpin malformation, etc.*

The most doubtful cases are those in which the evidence of pregnancy is wanting, since frequently there is no history of missed menstruation, but, on the contrary, there has been an irregular bloody discharge, and the existence of pregnancy has not been suspected. In extra-uterine, as well as in normal pregnancy the uterus is softened and enlarged, hyperæmia, or a blue appearance of the vagina is noticeable, and strongly pulsating arteries may be detected in the vaginal vault. Furthermore, a vascular murmur or souffle may be heard above the symphysis at an early period (Winckel). Frequently a definite conclusion can only be reached by careful observation of the case extending over a period of several weeks, which may be regarded as judicious in the absence of symptoms demanding immediate action, if the question of laparotomy is under consideration. If, however, the use of electricity is under advisement, its application need not be delayed, since its use is attended with no risk even in a normal pregnancy, and there is no condition likely to be mistaken for extra-uterine gestation that would be affected unfavorably by it in the least degree. Besides normal pregnancy and impregnation in one side of a double or bicorned uterus, the conditions with which it is apt to be confounded are, uterine fibroma, fibro-cyst, cyst of the ovary or broad ligament, hæmatoma, retroflexion of the gravid uterus, and pelvic abscess.

It is unnecessary to enter into a discussion of the comparative merits of primary laparotomy and destruction of the fœtus by electricity, as no one unless prejudiced would have any hesitancy in resorting to or advising the latter course prior to the third month, in the absence of symptoms threatening rupture. It is unreasonable for the advocates of laparotomy to contend as they do, that the existence of extra-uterine fœtation is an indication for immediate operation, and that rupture is always imminent. It is true that rupture of a tubal pregnancy has been known to occur as early as the fourth or fifth week, but according to Winckel, whose experience has been exceptionally large (13 cases), in the strictly tubal cases rupture occurs most frequently between the third and fourth months. Thomas, however, says: The usual period at which the tube gives way is between the sixth and tenth weeks, though it has been deferred until the fourth or fifth month." Of the treatment, he says: "If there is the slightest suspicion of the existence of tubal gestation we need not wait for a corroboration which will be necessary before an operation can be determined upon, but if we are believers in its efficacy, electricity should be immediately employed to destroy and arrest the growth of the fœtus. Moreover, if the diagnosis be incorrect, electricity will do no harm, its application is almost painless, and it causes none of the nervous disturbances created by a cutting operation, while experience proves it to be sufficient in its effect."

Laparotomy should never be withheld in the presence of rational indications for its necessity, but to submit a patient to the risk of an operation, though they may be considered slight, merely because there is an abnormal condition, and when a method of treatment is at hand which has been shown by abundant statistics to be effective and harmless, is unwise to say the least. In view of the fact that the operation can be done at any time hereafter should electricity fail, or urgent symptoms occur, it cannot be considered necessary, and hence,

*Lusk, New York *Journal of Gynecology*, December, 1891, p. 80.

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is not justified until electricity has been given a trial.

No doubt those gentlemen who favor primary laparotomy are perfectly honest in their convictions. It would do them a great injustice to think otherwise. They are fortunately few in number as compared with those who believe that electricity should be used prior to rupture or symptoms indicating its immediate advent, but it is noticeable that they are to be numbered among the best and most successful operators in abdominal surgery, which may explain why the risks of the operation are regarded so lightly by them. But that there is a mortality from laparotomy even with the most expert operators, will not be denied, while it should be remembered that, as yet, there has not been a single death attributable to the use of electricity.

The objection to electricity upon the score that its use may produce rupture is manifestly unwarranted since it has never occurred in any of the large number of cases where it has been used, likewise the objection that the dead fœtus may become a source of danger to the mother, may be disregarded in the face of abundant testimony to the contrary. Theoretical objections of this nature will hardly weigh against statistical evidence. It is granted that the chances of a successful ultimate termination are better the earlier the death of the fœtus is brought about, which is an argument in favor of immediate action in all doubtful cases, but cases have been reported where success has followed this treatment as late as the fourth month and after. For this reason the method may be employed prior to the fourth month, in the absence of anything to contra-indicate, though the third month is generally regarded as the limit.*

(*To be concluded next week.*)

*One case has been reported by the writer where success has followed the use of electricity after the fourth month of gestation.

LADY BICYCLISTS.

BY G. A. WILLIAMS, M.D.

Bishop Coxe, in addressing the young lady graduates in a Chicago school, said he hoped he might never see any of them astride a bicycle, for it reminded him of the witches of old riding their broomsticks. All these crazes, such as roller-skating, the sunflower mania, Nelly Blyism (that is, a desire to wear men's caps and boots and travel all over the country alone), all slang expressions, etc., are very short-lived. Like the shoals of sand, they are here one day and away the next, and it is generally conceded that a person is much better without adopting them. These particular fads are, as a rule, not taken up by people with a proper sense of decorum; and although we have the utmost admiration for the woman who can do something clever without making herself too conspicuous, we have yet to meet the heroine of a career who is not brazen and tiresome—it is not her fault, but the result of contamination. No one can elbow the street crowd without losing some of the sweetness we prize in woman; the gain that comes from the outer world—the shop, the rostrum, and the public procession—is more than outweighed by loss of modesty, gentleness, faith, and womanly dignity.

Some say they ride astride the bicycle, others say they do not. This question would certainly be difficult to decide without a close investigation, which would be inconvenient—to say the least. We have already noticed that bicycle-riding is injurious to young women, having a tendency to act as the sewing-machine. The excessive action of the legs keeps the pelvic organs in a constant state of congestion, and must certainly produce certain displacements and various kinds of weakness.—*Med.* [illegible]

PENNSYLVANIA R. R. SURGEONS. The annual meeting of the surgeons of the Pennsylvania Railroad will be held in Fort Wayne, Ind., in October of this year. It is the desire to make this one of the most interesting meetings ever held.

REMARKABLE AGE. Mrs. Margarita Rivera, grandmother of Governor Calan, of Coahuila, died at Monterey, Mexico, at the age of 132 years. She was born in Spain and came to Mexico over a century ago. She recently received from the Archbishop at Madrid, a copy of the Cathedral record of her birth. Her health for the past several years had been very feeble and she was confined to her room.

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Try Dr. Churchill's Treatment with the Hypophosphites of Lime and Soda, *uncombinea* with other drugs. For *success* you need a chemically pure preparation which you will find in *McArthur's Syrup.*

Prof. Harvey L. Byrd, of Baltimore, wrote: "After two years use of Dr. McArthur's Chemically Pure Syrup of the Hypophosphites, I do not hesitate to commend it to the profession as worthy of confidence."

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BOSTON, MASS.

PRESCRIPTIONS.

ICHTHYOL EXTERNALLY IN GYNECOLOGY—(M. Freund):

℞ Sulpho-ichthyolate of ammonium 5 gms.
Glycerine 100 gms.
M. For wetting vaginal tampons.

℞ Ichthyol 1 gm.
Cocoa butter 2 gms.
F. S. A. One suppository.

ULCER OF THE STOMACH.—As the gastric juice is, in this disease, usually abnormally acid, Professor Ewald tried to neutralize it by the hourly exhibition of small doses of an alkali combined with rhubarb and cane or milk sugar. He has seen fairly good results from the following powder.

℞ Magnes. ust.,
Sodii carbonat.,
Potass. carbonat., āā gr. lxxv.
Pulv. rad rhei., 3 iiss.
Sacch. lactis, 3 vj
M. Sig: A large pinch, dry on the tongue, every hour.—EWALD: "The Diseases of the Stomach," p. 272.

ASTHMA.

℞ Ext. euphorbiæ piluliferæ, *miij.*
Nitro-glycerin, gr. 1-200.
Sodii iodidi, gr. ij.
Potass. bromidi, gr. ij.
Tr. lobeliæ, *mij.*
M. Sig.: To make one dose, which may be doubled or tripled and used three times a day.—*Therapeutic Gazette.*

FORMULARY—(*Bulletin Gen. de Therapeutique*). For warty vegetations of external genital organs.

℞ Salicylic acid 2 gms.
Acetric acid 30 gms.
Mix. External use.

Apply to the vegetations once or twice in 24 hours by means of a small brush, 2 or 3 applications are sufficient. The pain is slight and transient, which is an advantage.

PULVIS BORO-SALICYLICUS.—Thiersch's Powder.—

℞ Acidi borici, gr. cclx.
Acidi salicylici, gr. xxx.
Mix.

NOTE.—The proportions of the ingredients are sometimes varied.

PULVIS BISMUTHI COMPOSITUS.—(Bureau O. D. P.)—

℞ Bismuthi subnitratis,
Sodii bicarbonatis,
Sacchari pulv.,
Acaciæ pulv.,
Zingiberis pulv., aa part aequ,
Mix. Dose—A tablespoonful for adults, in dyspepsia.—*Dr. W. E. Wheelock.*

PULVIS BISMUTHI CRETÆ ET ZINGIBERIS.—(Bell. Hosp.)—

℞ Bismuthi subnitratis,
Cretæ preparatæ, aa gr. v.
Zingiberis pulv., gr. ij.
Mix. One Dose.

PULVIS BISMUTHI ET PEPSINI.—(Bureau O. D. P.)—

℞ Bismuthi subnitratis, 3 iv.
Pepsini puri pulv., gr. xxx.
Mix. Divide into 30 powders. Dose—One powder before each feeding. For infants affected with indigestion and diarrhœa.—*Dr. J. Lewis Smith.*

200 MEDICAL PRACTICES FOR SALE. Lists and particulars mailed free Practices and drug stores bought and sold. Assistants and Partners provided. Address "The Medical Echo" Lynn, Mass.

THERAPEUTIC NOTES.

RESORCIN IN GASTRIC ULCERS.—Pope uses resorcin (*Ex.*) in a dose of five grains three times a day in cases of gastric ulcer. It is both antiseptic, analgesic and hæmostatic. Its analgesic property being the most valuable, enabling the stomach to tolerate food. He has also given it with advantage in gastric cancer.

ON MEASLES IN THE ADULT.—Dr. Leopold Glück Zenica, says the opinion generally entertained that rubeola is severe in the adult, is not supported by his experience. He has had opportunity to observe thirty-three cases amongst adults, of whom six were convicts, and none of the patients died, nor were there any symptoms indicating a specially dangerous character in the disease.

A SOCIAL philosopher with the air of saying something profound, remarks that the "young man" of to-day is interested chiefly in his tennis, or his football, at an age when Nelson was a post-captain and Bonaparte a general. Quite so· and the young girl of to-day is doing her Cæsar and plane geometry in a short frock at an age when her grandmother, having worked her sampler with applause, [illegible] got married to the darling of her choice. So what do the philosopher's remarks about the "young man" come to beyond a perception of the fact that times have changed, and, it may be added, have bettered in the changing? If any one doubts that, let him ask the physiologist, the medical man.

The philosopher's young man may esteem himself "lucky," adds that wiseacre, if he sees his way clearly in business or a profession and can think of indulging in a wife somewhere between thirty and forty. There never was a time in the history of the liberal professions when the typical young man could "see his way clearly" under thirty or forty. All the same, John Scott, Lord Eldon, did not wait to see his way clearly, but starved cheerfully with a wife at a younger age as "rising young men" of forty and less had done before him and have done since.—*Evening Sun.*

DOCTOR: We clip the following from *The Times* and *Register* of Philadelphia, July 22, 1892.

"Dr. W. C. ABBOTT'S dosimetric granules have been used by several members of our staff. The granules have proved reliable in every respect; uniform, well made, and of full strength. The system is popular with patients.'—WAUGH.

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Is a Valuable Local ANAESTHETIC
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AN INHALER IS PACKED WITH EVERY BOTTLE.

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Two sample bottles to any physician who will pay express charges.

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PHYSICIANS' OFFICE CHAIRS and TABLES
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THIOL.—Dr. de Sa, of Rio de Janeiro, reports excellent results from the use of thiol in varicose ulcers. Moncorvo, of the same city, has employed it in cutaneous affections of children, either pure or incorporated with glycerin, petrolatum, etc., with gratifying results.—*D. Med. Zeit.*

LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For *Cystitis*, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same strength.

THIOL *vs.* ICHTHYOL.—Among the new remedies introduced to the profession for the treatment of abnormal conditions of the skin, says Editor Stowell in the *National Medical Review*, ichthyol has won a first place. But it has the disadvantage of having a strong and disagreeable odor. Ichthyol is prepared by the destructive distillation of a mineral rich in sulphur, and the fossilized remains of marine animals. It contains a certain proportion of indefinite, evil-smelling organic bodies, which cannot be removed without decomposing the product. By what may be designated synthetical methods a product is obtained, free from the disadvantages of ichthyol; this is called thiol. Thiol forms a clear solution with water, especially in the presence of glycerin. Several chemical authorities have examined the two products side by side, and the conclusion is reached that thiol is even superior as regards its chemical purity; while a large number of medical authorities have testified that therapeutically it was superior to ichthyol, with the additional advantage of comparative freedom from odor. The current number of *New Remedies* gives a detailed list of affections in which thiol has proved of great value. Among these diseases we note the following: Eczematous affections, erysipelas, herpes, dermatitis, lupus, contusions, and subcutaneous hemorrhages. Thiol is "a purified form of ichthyol." It is a substitute for ichthyol. Considering its advantages, the writer predicts for it a wide use, when its true merits are fully understood by the profession.—*The American Therapist*

Write for Descriptive Pamphlets on Chloralamid, Phenocoll, Piperazine, Thiol, Lysol, Creasote, etc., to the Sole Agents for America, Lehn & Fink, 128 William Street, New York.

NEWS AND MISCELLANY.

WANTED.—A graduate in medicine in the Out-Door Department of the Foundling Asylum Dispensary, on Thursday afternoons. Apply to Dr. C. J. Proben, 970 Lexington avenue, New York.

A COMPETITIVE examination for the position of Junior Assistant on the House Staff of the German Hospital, 77th street, Park and Lexington avenues. Service to commence December 1st. For particulars apply to Dr. Ed. Fridenberg, 2019 Fifth avenue, New York.

ON November 1, 1892, a vacancy will exist on the House Staff of the Manhattan General Hospital, Amsterdam Avenue and 131st street, New York. Candidates for the position, who must be graduates in medicine, will be examined at the hospital on Wednesday, October 26th, at 3 p. m.

SHOULD NURSES BE LONG OR SHORT? This question seems to be agitating the editor of the *Nursing Mirror*, an English publication. "Many matrons," he says, "prefer their nurses to be of medium height, finding that their best workers are generally of moderate size. A tall matron or sister has certainly an imposing and graceful appearance, but for everyday ward routine the shorter, broader-built woman is undoubtedly the best."

In Berlin there are 1,615 physicians and 132 dentists, a total of 1,747. Of these there are 855 who do not have an income of 3,000 marks, or $750, per annum. There are 892 who do not depend on their practice for a livelihood; 150 have much less than 3,000 marks; 250 physicians have an income over 8,000 marks, and 170 over 10,000 marks. The number of physicians who get rich is very small indeed, while the number in debt is extremely large.

ANOTHER MEDICAL PRINCE.—At the University of Edinburgh the medical commencement was held during the first week in August. Among those who received the degree of bachelor of medicine was an Indian prince, Sir Baghvat Singh Jareja, the Thakore Sahib of Ghoudal. He is said to be the first native prince of Hindustan to acquire that particular degree, or any other Scotch medical diploma. His subjects purpose to signalize the unusual event by erecting a statue to their ruler, in his capitol in Ghoudal, in which the newly made Medical Prince will appear in the gown and hood of his degree, worn over his full native costume.

The NATIONAL MEDICAL EXCHANGE ELKHART, IND. LIST AND TERMS TEN CENTS. CORRESPONDENCE SOLICITED.

THE NEED OF THE TIMES.

Advice from the press and edicts from health authorities just now are to the effect that disinfectants are to be freely used in the home, in public institutions, on board of vessels and in highways and hedges. The disinfectant to-day is needed as a purifier and as a preventive. With the visitation of cholera in our harbor and of a few cases in the city, the necessity of looking well into the less frequented part of dwellings and stores is urged by civic and medical officials, and is generally heeded by our citizens. To clean and disinfect every part of the city is at once a duty and a means of safety against the spread of disease of whatever name and from whatever cause it may originate.

It is right in this condition of things that Platt's Chlorides commends itself to the people at large. Appreciated to a large extent in ordinary times, this excellent and effective disinfectant is at this critical time of double value. The usefulness of this preparation has been tested for more than twelve years, and is highly endorsed by physicians, housekeepers and others who concede its superiority by actual use.

Platt's Chlorides is an odorless liquid, does not stain any substance it comes in contact with and does all that is claimed for it. In the sick room and for the sanitary demands of the household, it is most effective. We are moved to notice this useful disinfectant by a sense of duty to the community and to advise them of its worth while passing through the ordeal of a threatened epidemic.—*The N. Y. Court Journal.*

NUTROLACTIS THE GALACTAGOGUE

Enables nursing mothers whose milk is scanty or poor to yield a copious supply of excellent milk in three days. Acts by improving nutrition. Formula on every bottle. Prepared by *Nutrolactis Company*, New York City. A full-sized bottle, value $1.00, free to any physician paying express charges on delivery. Please mention this journal.

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A Soft Natural Water entirely free from organic impurities.

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Carbonate of Iron	1.100 grs.
Oxide of Iron	0.310 "
Chloride of Sodium	1.000 "
Sulphate of Soda and Potash	0.340 "
Carbonate of Soda and Potash	0.831 "
Carbonate of Magnesia	1.230 "
	4.781 grs

All of the above minerals and five of them in the exact form in which they are here given, are found in the human blood of which they form a most essential element. These constituents explain its great value in the prevention and cure of disease.

Natural Water with Natural Gas.

The Most Easily Assimilated of all Waters.

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Is not this especially the fact when bronchitis and pneumonia have arisen as complications of this disease?

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It is also excellent in Phthisis, Acute and Chronic Bronchitis, Marasmus, and all wasting diseases, Scrofula, Rickets, etc.

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PURITY IS OF FIRST IMPORTANCE IN MEDICAL PRACTICE.

Owing to the difficulty of obtaining supplies of absolute purity and uniformity, many valuable medicinal agents are reluctantly discarded by the medical practitioner. This may be said of olive oil, a time-honored remedy for infantile constipation, and for facilitating the rapid and painless passage of gallstones and urinary calculi in adults. Appreciating the importance of supplying the medical profession with an absolutely pure olive oil for medicinal use, the California Vintage Company, 21 Park Place, New York, began importing such an oil some two years ago and called it to the attention of the local profession. Their olive oil, under the name of "the **CALVICO** brand," grew so rapidly in professional favor that they soon found it necessary to increase their importations from time to time until now they are able to supply it in unlimited quantity and of uniform purity and excellence. Of course this brand of olive oil is much superior to any other in the market for table use. Every bottle bears the trade-mark **CALVICO** on its label. We have used it for some time and therefore write from a personal knowledge of the superiority of the article mentioned.

Physicians may obtain the **CALVICO** brand of olive (sweet) oil through local druggists or high class grocers, or direct from the California Vintage Company, sole importers, 21 Park Place, New York City, who are also extensive dealers in pure wines, and brandies, for medical use.

TREATMENT OF LEG ULCERS.*

If healing of an ulceration is retarded by the presence of sloughs—and sloughs are very slow to separate in the absence of an active suppurative process—it may be expedient to hasten their separation. If already loose at the edges, they may usually be dissected off without pain by scissors and forceps. Otherwise, the best plan is to digest them out by menns of pepsin or papoid. When pepsin is used for this purpose, I build a retaining wall of tough cerate about the ulcer, and then pour into the little reservoir thus obtained enough of the following pepsin solution to cover the ulcerated area:

℞ Pepsin, pure, gr. j.
Water, ʒj.
Hydrochloric acid, *mj*. M.

Allowing this to act for about an hour, occasionally renewing the solution, the slough will as a rule be found almost or quite digested and liquefied, or so loosened up as to be readily removable by scissors and forceps. But much more convenient than this will be found the dusting of a minute portion of papoid or vegetable pepsin beneath the protective strips and allowing it to act until the limb is redressed next day. This succeeds well, because papoid acts best in a concentrated medium of any reaction whatever—pepsin only in a dilute acid solution.

Where the cellular tissue or lymphatics have become infected by septic material transmitted from a foul ulcer, or a phlebitis, acute or chronic, has been similarly originated, I frequently apply immediately over the strips of protective (here omitting the gauze) a sheet of lint large enough to cover in the entire affected area, and spread with an ointment composed of—

Ichthyol ammoniat, 20 parts.
Lanolin, 80 parts.

Heavy wax paper is put over this and the usual bandage applied.

*Extract of paper read by Dr. T. S. K. Morton before Philadelphia County Medical Society.

A LIBEL SUIT.—A Reuter's telegram from Cairo states: "Dr. Milton, chief medical officer of the native hospital here, is about to bring an action for libel against the newspaper, *Le Bosphore*, on account of a violent article recently published in that journal attacking the English doctors practicing here, and containing allegations regarding them which are alleged to be altogether unjust. Dr. Milton claims substantial damages."

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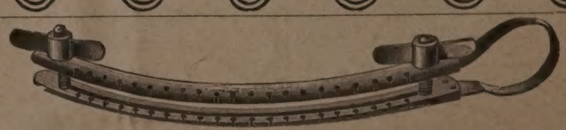

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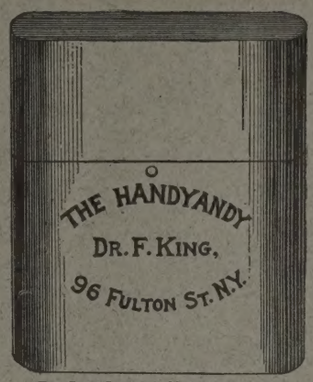

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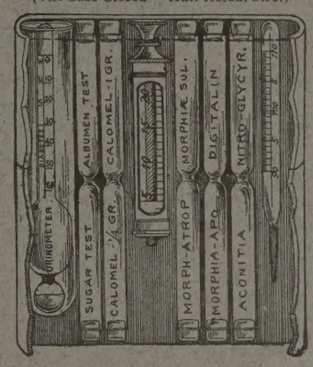

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